

which prevent an accurate product. It is interesting to note that several drops of chloroform used in pulverizing the Iodine previous to adding the Liquid Petrolatum decreased the trituration time and reduced the per cent loss in the finished product.

In order to overcome these difficulties the following method is recommended. Heat the Liquid Petrolatum contained in a glass-stoppered bottle to 70° C. in a water-bath, this requiring 6 to 7 minutes. To this heated oil on the water-bath add the prescribed amount of Iodine. Complete solution is effected requiring five minutes for one-quarter per cent to 23 minutes for one per cent. The apparent loss as given in Table IV may be explained by the smaller amount of Iodine weighed. It is evident that both compounding time and accuracy are gained.

TABLE IV.

Iodine in Preparation, Gm. per 30 Cc.	Time on Water-Bath 70° C., Minutes.	Iodine Recovered in Solution, Gm. per 30 Cc.	Per Cent Iodine Recovered.
0.065	6.5	0.0631	97.2
0.065	7.0	0.0648	99.8
0.130	11.0	0.1267	97.5
0.130	11.0	0.1281	98.6
0.195	17.0	0.1916	98.3
0.260	23.0	0.2579	99.2
0.260	23.0	0.2561	98.5

When such solutions are made on a water-bath using screw-capped bottles, the assay shows 15-20% Iodine loss in the solution which was found deposited on the cork or alkali liner at the top of bottle. This shows the necessity of using only a glass-stoppered container in preparing solutions of this nature.

SUMMARY.

1. A method for assaying Iodine in Liquid Petrolatum is presented.
2. The saturation point of Iodine in Liquid Petrolatum ranges from 1.32% to 1.42% controlled by the viscosity of the Liquid Petrolatum.
3. The errors in trituration procedure are demonstrated.
4. An accurate method for incorporating $\frac{1}{4}$ -1% of Iodine in Liquid Petrolatum is given.

REFERENCE.

- (1) Clark, Albert H., *JOUR. A. PH. A.*, 8, 611-615 (1919).

DEVELOPING THE PROFESSION OF PHARMACY THROUGH THE HOSPITAL.*

BY DON A. BROOKE.¹

To every registered druggist who is a college man there should be two main objectives in his relation toward pharmacy: *First*, to establish himself as a professional man in his community; *second*, to raise the standards of Pharmacy to a level with that of the allied professions, *i. e.*, Medicine, Dentistry and Nursing.

This can be accomplished in the smaller cities or towns of 10,000 to 20,000 through the local hospital. In the smaller cities especially, the hospital is regarded

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as the most professional place in town, and any druggist connected with it is regarded by the public as a professional pharmacist. Furthermore, a hospital of 100 beds or less is hardly able to hire a full-time registered druggist and must, therefore, look to some local store or stores for its prescription orders.

Realizing this, and knowing that giving hospital service would promote intra-professional relations, I went to the Superintendent of Nurses in our town and offered to give one or two hours per week, teaching in the Hospital Nurses Training School. Nearly all of the local doctors were giving considerable time during the school year toward this work, and I felt that Pharmacy should also be represented. The Hospital Board welcomed my suggestion and I was assigned to teach "Drugs and Solutions" and "Materia Medica" two hours per week throughout the school year. I will say that the first year certainly took a lot of outside time, but the hospital people seemed well satisfied and it was of great educational value to me also; in fact, it was like going to college all over again. It also proved a great help to our drug business, in that, after the first year of teaching, the hospital turned over practically all of their drug and biological business to our store.

Furthermore, the teaching of the student nurses classes not only gives you a professional standing with the nurses, but gets most of their drug business during their training period and also after they graduate. After a nurse graduates and goes on private duty, her recommendations go a long way in deciding where the patients will buy their sick room supplies.

But, after all, it was neither the hospital nor the nurses which proved the greatest benefit to me as a pharmacist; it was the medical men themselves. In this particular hospital the staff is made up of practically all the local physicians and dentists, and during the school year staff meetings are held each month to discuss case histories and other things pertaining to the hospital. As a member of the teaching staff I have made several informal talks to these doctors on Pharmacy problems, and last season I was given ten or more minutes at every staff meeting to talk on drug medication. This I did in a somewhat different way than drugs are taught in either Pharmacy or the Nursing Schools. Each month I made an outline of different official drugs and proprietary remedies that are given for the same bodily condition or disease, *i. e.*, drugs used somewhat for the same thing therapeutically. For example, last winter I gave a talk on anti-anemic drugs, on vitamin products, on urinary antiseptics, on hypnotics and on sedatives. This winter I expect to prepare outlines on the new National Formulary syrups for vehicles, on anti-acids, on barbitrates, on heart remedies and anthelmintics.

These outlines consist of the official preparations and the leading proprietaries that are prescribed. I try to give a true comparison as to their relative therapeutic value, their composition and appearance, and the relative cost of each to the patients. These outlines are copied on the blackboard before the staff meeting and copies are given to the doctors who desire them. I was surprised at how much the doctors appreciated these outlines and the explanations that I gave with them. The detail men only give their own particular remedy for a certain condition, and the physician has no way of getting a comparison of values and costs of all the well-known remedies for the same disease.

This raises the druggist's prestige with the medical men, besides encouraging them to write better prescriptions. Of course all of this teaching and making out-

lines takes considerable time and study, but one who is genuinely interested in pharmacy will be well repaid, both by the increase in the ethical part of the drug business and the personal satisfaction which comes from knowing and promoting the professional part of the pharmacy profession.

PHARMACIST—PHYSICIAN RELATIONSHIP.*

BY CARL A. ABEND.¹

It is with temerity that I submit myself to the profession while I reopen a maltreated chronic abscess. I speak of the much feared ghost in the closet of every hospital pharmacist—the elusive phantom of “coöperation between pharmacist and physician.”

Grant me the right to remove the dust-laden scabs that have formed over this chronic wound that seems incapable of healing with a firm and healthy base.

Grant me the right to declare that until the pharmacist can shake himself from the lethargy and routine of compounding he will continue to occupy a small part in the functioning of institutions for medical care, institutions whose very reputations are in his hands.

Other than continuing in name, many institutional pharmacists have steadily receded from the central activities of their organization. They have lost the dignity of being thought of as part of the staff. They have lost the property of forming the smooth unifying synapses between the patient and doctor. They have lost the ability to insert their arts and their sciences into the routine of the practitioner in such manner as to make the practitioner conscious of their efforts.

The pharmacist of altogether too many institutions has allowed himself to slip away from the field of active productive effort and has metamorphosed into a simple shopper of drugs, a pharmaceutical Shylock, whose greatest professional effort obtains in the arithmetic of counting tablets and measuring liquids. To-day's pharmacist has lost much of the old time luster that was his, he has lost a certain something that heretofore signaled to the world that the arts and sciences he practiced fell under the heading of a profession, and not just a job.

The entire fabric of any institution can be refined and perfected if effort is made for the closer coöperation between pharmacist and physician. I need not indicate that I have reference to professional and not personal coöperation. There are examples of such typical coöperation sufficient for reference.

Let us concede that each hospital, regardless of size, has certain peculiarities in its management or in the make-up of its staff that may make the establishment of close harmony difficult. But even with this concession there are ways and means of developing this to-be-sought-for goal.

At the Grace Hospital in Detroit the pharmacist is present as a member of the Staff Medical Meetings and all Clinical Pathological Conferences, together with the Clinical Director, the Chief Resident Physician and the active heads of the medical and surgical staffs. Once a month he is given the opportunity of recapturing a privilege long usurped and all too often abused by the contact and detail men from

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